STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012161	A. BUILDING _____ B. WING _____	C 10/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA HILLS	3700 LAFAYETTE PKWY FLOYDS KNOBS, IN 47119

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00115840. Complaint IN00115840 - Unsubstantiated due to lack of evidence. Survey date: October 4, 2012 Facility number: 012161 Provider number: 012161 AIM number: N/A Survey team: Jennie Bartelt, RN Census bed type: Residential: 57 Total: 57 Census payor type: Other: 57 Total: 57 Sample: 3 Azalea Hills was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00115840. Quality review completed 10/5/12 Cathy Emswiller RN	R 000		